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FILED
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DAVID LITMON, JR. }
vs. } Plaintiff,
NORM KRAMER, DIRECTOR } Defendant.

CASE NO. _____
APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)

RMW
(PR)

I, DAVID LITMON, JR., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No x

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 1982 I have been incarcerated since that time.

3 _____

4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the

6 following sources:

7 a. Business, Profession or Yes No x

8 self employment?

9 b. Income from stocks, bonds, Yes No x

10 or royalties?

11 c. Rent payments? Yes No x

12 d. Pensions, annuities, or Yes No x

13 life insurance payments?

14 e. Federal or State welfare payments, Yes No x

15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 _____

20 _____

21 3. Are you married? Yes No x

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 NONE

3

4 5. Do you own or are you buying a home? Yes No

5 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6 6. Do you own an automobile? Yes No

7 Make _____ Year _____ Model _____

8 Is it financed? Yes No If so, Total due: \$ _____

9 Monthly Payment: \$ _____

10 7. Do you have a bank account? Yes No (Do not include account numbers.)

11 Name(s) and address(es) of bank: _____

12

13 Present balance(s): \$ _____

14 Do you own any cash? Yes No Amount: \$ see attached

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16 market value.) Yes No

17

18 8. What are your monthly expenses?

19 Rent: \$ _____ Utilities: \$ 75.00

20 Food: \$ 50.00 Clothing: _____

21 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
NONE	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27 they are payable. Do not include account numbers.)

28 STUDENT LOAN \$5000.00

1
2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes No

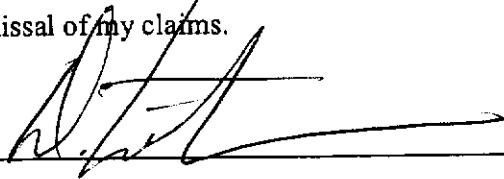
4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.

6 Unavailable at this time, but will supply later.

7
8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.

10
11 May 14, 2008

12 DATE SIGNATURE OF APPLICANT



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CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

3/21/2008
8:43:58AM

COALINGA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report

Page 1 of 1

0005553 Litmon, David
Unit: 112

	TransDate	Doc No.	Description/Comment	Withdrawl	Deposit	Balance
1	03/21/2008	16-20594	CSH Accounting BOC# CSH 07-014 ck 151-011105		\$13.84	\$63.99

Patient's Copy! Please give
to him. Thank You.

Trust Office

TOTAL WITHDRAWALS / DEPOSITS:

\$0.00 \$13.84